## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

**FILED PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 316113 (0) MICHAEL-ABBOTT INC Principal Place of Business Mailing Address 2846 RIVERSIDE DRIVE 2846 RIVERSIDE DRIVE **SARASOTA FL 34234-4458 SARASOTA FL 34234-4458** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>04/25/1967</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1230890 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Żip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name J. Carl abbott jr. 2846 RIVERSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 33580** 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE ABBOTT, CARL J NAME 1.2 NAME 2846 RIVERSIDE DRIVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition HOUGH, ALMA L NAME 2.2 NAME 26 HIPP ROAD STREET ADDRESS 2.3 STREET ADDRESS **NEW MILFORD CT** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE Change Addition HOUGH, ALMA L NAME 3.2 NAME 26 HIPP ROAD STREET ADORESS 3.3 STREET ADDRESS **NEW MILFORD CT** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ TITLE 4.1 TITLE [ ] Change ■ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an aidress.